

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025064

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 209 Primary Registration District No. 5761 Registrar's No. 18

STATE FILE NUMBER

FILED JUL 8 1963

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Liberty</b>		c. CITY OR TOWN <b>Palmyra</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS <b>R.F.D. #3</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>LINDA LOU BAILEY</b>		4. DATE OF DEATH Month <b>June</b> Day <b>16</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>May 19 1947</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>16</b>
11. BIRTHPLACE (City and state or country) <b>Pekin, Ill.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Clarence E. Bailey</b>		13b. MOTHER'S MAIDEN NAME <b>Deloris Ayers</b>	
14. NAME OF HUSBAND OR WIFE <b>Clarence E. Bailey Palmyra, Mo</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>No</b>	
16. SOCIAL SECURITY NO. <b>9</b>		17. INFORMANT <b>Clarence E. Bailey Palmyra, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Drowning</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Could not swim, got into deep water.</b>	
20c. TIME OF INJURY <b>3:10 p.m.</b>	Hour <b>6</b> Month <b>16</b> Year <b>63</b>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Mississippi River</b>	20f. CITY, TOWN, OR LOCATION <b>Liberty Township</b>	COUNTY <b>Marion</b> STATE <b>Mo</b>
21. I attended the deceased from <b>3:15 p</b> to <b>3:15 p</b> and last saw her alive on <b>June 16 1963</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Lenny H. Sweetser MD Coroner</b>		22b. ADDRESS <b>1 Hannibal Mo</b>	22c. DATE SIGNED <b>6/17/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 19 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lake Side Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Pekin Ill.</b>
24. FUNERAL DIRECTOR <b>E.T. Sprague</b>		25. DATE RECD. BY LOCAL REG. <b>6-17-63</b>	26. REGISTRAR'S SIGNATURE <b>H. E. M. Lucke</b> <b>By Viola Gess, Deputy</b>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59  
1 0640  
2 0640  
3  
4 1  
5 0  
6  
7 1  
8 2  
9 9298  
10 42  
11 064  
12 90-0  
13 1-0

Best name.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. J. Sprague

Licensed Embalmer No. 3245

P. O. Address Palmyra, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.